

<div style="font-size: 2em; float: left; margin-right: 10px;">B</div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/966453 APPLICANT(S)		FILING DATE				
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45													
46													
47													
48													
49													
50													
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	9						TOTAL CLAIMS						